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TO: Amendment Section Division of Corporations

NAME OF CORPO		ÆS, P.A.			
DOCUMENT NUM	P16000040386 IBER:				
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	JESSIE M. ABAD, ESQ.				
	Name of Contact Person				
	JMA LAW OFFICES, P.A.				
	Firm/ Company				
80 SW 8 Street, Suite 2000					
Address					
	Miami, FL 33130				
		City/ State and Zip Code			
jessi	ie@jmalawoffices.com		•		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Jessie M. Abad, Esq		786 at (473-7333)		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street	Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

/NI	P.C.	All Clade Ala Dienida Denda C Cara	
(<u>Name 0</u> P16000040386	or Corporation as curren	atly filed with the Florida Dept. of State)	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amer	ndment(s) t
A. <u>If amending name, enter the new na</u> N/A	ime of the corporation:	TT.	
name must be distinguishable and cont "Corp" "Inc" or Co" or the design word "chartered," "professional associa	ation "Corp," "Inc," or	The ion," "company," or "incorporated" or the abbrevia "Co". A professional corporation name must contain "P.A."	ation
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		80 SW 8 Street, Suite 2000	
		Miami, FL 33130	
		80 SW 8 Street, Suite 2000	
		Miami, FL 33130	_ _ <u>_</u>
			다 : : : : : : : : : : : : : : : : : : :
). If amending the registered agent an new registered agent and/or the nev		dress in Florida, enter the name of the ss:	ي کي دي دي
N/A Name of New Registered Agent			
	N/A		
New Registered Office Address;	(Florida :	street address) N/A , Florida	10
		(City) (Zip Code)	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>rith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_	N/A	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
•				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	(Be specific)
N/A	
	Ave.

. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
VA	
WA	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this dat epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s ufficient for approval.)
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
	opted by the board of directors without shareholder action and shareholde	г
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
May 10, 2	017	
Dated		
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	JESSIE M. ABAD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of parson signing)	